

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

REQUIREMENTS FOR THIRD PARTY LIABILITY - PAYMENT OF CLAIMS

1. PROVIDER BILLING

Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency. However, the provider must indicate on the claims form or by attachment whether or not the third party was billed. Compliance with billing requirements is monitored by manual review of documentation.

2. PAYMENT OF CLAIMS

The state is required to apply cost avoidance procedures to claims for prenatal services, including labor, delivery, and postpartum care services.

The state is required to make payments without regard to potential TPL for pediatric preventative services, unless the state has made a determination related to cost-effectiveness and access to care that warrants cost avoidance for up to 90 days.

When services under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency, the state is required to make payment for the claim without regard to third party liability within 100 days after the provider submits the claim to the liable third party, which has not been paid, unless a determination has been made related to cost-effectiveness and access to care at which time the payment can be made within 30 days.

3. THRESHOLD FOR SEEKING RECOVERY

Health Insurance - Most recovery activity for health insurance is for services covered under the cost avoidance waiver. The Department uses a \$250 accumulated threshold as the waived services, if covered, are generally subject to deductibles/coinsurance under the health insurance plan. These reductions to anticipated recoveries do not make it cost effective to pursue amounts under this threshold.

Casualty Coverage - The Department uses a \$250 threshold in determining whether to pursue recovery after a liable third party has been identified.

4. CLAIM ACCUMULATIONS

Health Insurance - Claims generally accumulate for one year for purposes of determining whether to pursue recovery. However, the Department has the capability to continue to accumulate claims for the two calendar years prior to the current year and file for reimbursement of paid claims over one year old when appropriate.

Casualty Coverage - For purposes of the paid claim trauma code follow-up only, claims accumulate for a quarter.

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